FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1 (See instructions)		Office use	Office use only		
NAME OF COMMITTEE (in the community of the community	(Check if name is changed)	e Example: If typying, type over the lines	12FE4M5		
Amylin Pharm	aceuticals, Inc. Political Acti	on Committee	111111		
ADDRESS (number and s	treet) 9360 Towne Cen	tre Dr.			
(Check if addre	ess IIIIII				
is changed)	San Diego		CA 92	2121	
COMMITTEE'S E-MAI	LADDRESS	CITY▲	STATE	ZIP CODE 📥	
Peter.Norman				1	
COMMITTEE'S WEB	PAGE ADDRESS (URL)				
	1111111111	1111111111			
2. DATE 0 7					
3. FEC IDENTIFICA	TION NUMBER	C C00427021			
4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)					
I certify that I have exami	ned this Statement and to the best of m	y knowledge and belief it is true, correct	and complete		
Type or Print Name of	Treasurer Lloyd Rowlan	nd			
Signature of Treasurer	Electronically Filed by Lloyd	Rowland	Date 07 / D	19 / 2007	
NOTE: Submission of fal	•	n may subject the person signing this S	•	J.S.C. S437g.	
Office Use Only		For further informatio Federal Election Comm Toll Free 800-424-953(Local 202-694-1100	ission FE	C FORM 1 evised 02/2003)	

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5.	TYPE OF COMMITTEE (Check One)					
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)					
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
	Name of Candidate					
	Candidate Party Affiliation Office Sought: House Senate President	State District				
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name of Candidate					
	(d) This committee is a (or subordinate) committee of the	emocratic, epublican,etc.) Party.				
	(e) This committee is a separate segregated fund					
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated full committee.	und or party				
ŝ.	Name of Any Connected Organization or Affiliated Committee					
	Amylin Pharmaceuticals, Inc.					
l		.				
	Mailing Address 9360 Towne Center Drive					
		2121 _				
	CITY▲ STATE ▲	ZIP CODE A				
	Relationship Connected					
	Type of Connected Organization:					
	X Corporation Corporation w/o Capital Stock Labor Organizat	ion				
	Membership Organization Trade Association Cooperative					

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V	Vrite or Type Commit	tee Name					
	Amylin Pharm	aceuticals, I	nc. Political Action Committee				
7.	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.						
Peter Norman Full Name							
Mailing Address 1401 I Street NW							
Ste 330							
		_	Washington	DC	20005 _		
	Title or Position ♥		CITY A	STATE▲	ZIP CODE ▲		
		Custodian of		Telephone number			
3.	Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name of Treasurer Lloyd Rowland						
			9360 Towne Centre Dr.				
		_	San Diego	CA	92121		
	Title or Position ♥		CITY A	STATE▲	ZIP CODE A		
Tr		reasurer		Telephone number			
	Full Name of Designated Agent	Peter Nor	man				
	Mailing Address		1401 I Street NW				
	-	_	Ste 330				
		_	Washington		20005		
	Title or Position ♥		CITY A	STATE ▲	ZIP CODE A		

Telephone number

Assistant Treasurer

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9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Bank of America

450 B. Street

Floor 150

San Diego

CITY
STATE
ZIP CODE

ZIP CODE

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